

Zoning Certificate – Shoreline Buffer Activity

Application Type									
Shoreline Erosion Control		Pier [Water Dependent Facility \square					
Buffer Management Plan \Box									
Property Owner									
Name									
Mailing Address									
Telephone No.			Email						
Contractor									
Name			License No.		Expiration Date				
Mailing Address									
Telephone No.			Email						
Property Information									
Name									
Mailing Address Telephone No.									
			Email						
Request Details									
Summary of Request									

Specific Requirements

- Any construction activity shall require a building permit and approval of all required inspections.
- All trees to be removed shall be identified by either flags or paint.
- A site plan or accurate drawing shall be included depicting site features such as the location of the Critical Area Buffer, all tidal and non-tidal wetlands, streams, steep slopes, shoreline and any other features relative to the request as well as all anticipated improvements (structures or otherwise).
- A narrative shall be included with the application describing the existing conditions and the proposed work to be accomplished. The narrative shall include the area of disturbance include the area of disturbance anticipated and list mitigation measures proposed including replanting and site enhancement, the number and species of plants to be installed and the estimated date of completion.
- A phasing schedule shall be included with the application, if required.

Any modifications during review shall warrant an updated application.

I do hereby solemnly declare and affirm that the information provided by this application and the documents attached hereto accurately represent the conditions of the request and that submission of an incomplete application will be returned for correction prior to processing.

Signature of Applicant or Age	nt							
	Date							
Printed Name of Applicant or	Agent							
For Office Use Only								
Application Date		Application No.						
P & Z Approval Date		Fees Amount						
ESDR Y / N Date		Date Paid						
			Revised 02-2019					